

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or indicated otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

7590

03/08/2006

Attention of Acorn Cardiovascular, Inc.  
 MERCHANT & GOULD P.C.  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450

Walter C. Linder  
 Customer No. 25764

**Certificate of Mailing or Transmission**  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Elaine Raiten	(Depositor's name)
<i>Elaine Raiten</i>	(Signature)
June 8, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/810,096	03/26/2004	Clifton A. Alfness	11998.5USC9	8198

TITLE OF INVENTION: CARDIAC DISEASE TREATMENT AND DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	06/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
GILBERT, SAMUEL G	3735	600-037000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Faegre &amp; Benson LLP

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Acorn Cardiovascular, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

St. Paul, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0029 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Walter C. Linder

Date June 8, 2006

Typed or printed name

Registration No. 31,707

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



UNITED STATES | ENGLAND | GERMANY | CHINA

**FACSIMILE TRANSMISSION**

FROM: Walter C. Linder	TELEPHONE: 612/766-8801
DATE: June 8, 2006	TIME: _____.m. (Minneapolis)
NUMBER OF PAGES (including this page): 4	F&B FILE: 331630 REC: 478
TO: MAIL STOP ISSUE FEE U.S. Patent & Trademark Office	FAX: (571) 273-2885 TELEPHONE:

**MESSAGE**

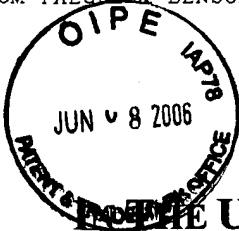
Inventor(s): Clifton A. Alferness, et al.	Examiner: GILBERT, Samuel G.
Appln. No.: 10/810,096	Group Art Unit: 3736
Filing Date: March 26, 2004	Confirmation No.: 8198
Title: CARDIAC DISEASE TREATMENT AND DEVICE	Customer No.: 25764 Docket No.: 59013 - 331630

Attached for filing in the above-referenced patent application:

1. Certificate of Mailing of Issue Fee (1 page)
2. Part B - Fee(s) Transmittal (1 page)
3. Credit Card Authorization Form in the total amount of \$1,000 for the Issue Fee of \$700; Publication Fee of \$300 (1 page)

**IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL THE FAX CENTER AT 612/766-1600  
OR ELAINE RAITEN AT 612/766-8728.**

THIS TELECOPY IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US. THANK YOU.



PATENT

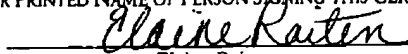
## UNITED STATES PATENT AND TRADEMARK OFFICE

**Inventor(s):** Clifton A. Alferness, et al.  
**Appln. No.:** 10/810,096  
**Filing Date:** March 26, 2004  
**Title:** CARDIAC DISEASE  
TREATMENT AND DEVICE

**Examiner:** GILBERT, Samuel G.  
**Group Art Unit:** 3736  
**Confirmation No.:** 8198  
**Customer No.:** 25764  
**Docket No.:** 59013 - 331630

Mail Stop Issue Fee  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

I CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE  
TRANSMITTED TO THE U.S. PATENT AND TRADEMARK OFFICE (FAX  
NO. (571) 273-8300), ON JUNE 8, 2006.  
TYPED OR PRINTED NAME OF PERSON SIGNING THIS CERTIFICATE:

  
Elaine Raiten

## CERTIFICATE OF MAILING OF ISSUE FEE

Sir:

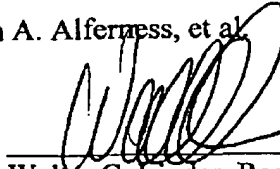
Submitted herewith is our Credit Card Payment Form authorizing payment in the amount of \$1,000, in payment of the issue fee (\$700) and the publication fee (\$300) for the above-identified application, together with the Fee(s) Transmittal (Form PTOL-85). If the fee submitted herewith is incorrect, the Commissioner is authorized to credit any overpayment or charge any deficit to our Deposit Account No. 06-0029 and notify us of the same.

Applicant believes that the Submission of Replacement Drawing filed on February 24, 2006, including a corrected Figure 6, meets the corrected drawings requirement noted in the Notice of Allowability.

Respectfully submitted,

Clifton A. Alferness, et al.

By:

  
Walter C. Linder, Reg. No. 31,707  
612/766-8801  
Customer No.: 25764

Dated: June 8, 2006

M2:20803011.01